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ABSTRACT

The Jewish Board of Guardians, in collaboration with the Agency for Child Development, developed a program to respond to the complex mental health concerns of children in day care, their families and the communities in which they live. The program includes on-site consultation, staff development sessions and paraprofessional training. In this paper, the following critical issues in program development are explored: (1) The drive by consumers for participation in the decision making process, (2) Parental pressures for early acquisition of cognitive skills, (3) Credentialling in the field of human services and the provision of alternative educational routes for new professionals, and (4) The relevancy of child development and sociological theories. An assertion is made that a professional white mental health agency with a knowledge of child growth and development growing out of years of practice and research has a significant contribution to make to institutions that serve minority children and their families. (CS)

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THE CHALLENGE OF DAY CARE IN THE SEVENTIES: ONE AGENCY'S RESPONSE

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PS 006928

The Jewish Board of Guardians, in addition to providing mental health services to children referred to us for a wide range of emotional disorders has for many years been concerned with developing preventative programs for children in the community. Such programs additionally serve as case finding instruments and points of entry for children and families who otherwise may not avail themselves of mental health services.[1] Although we have provided consultation to numerous community-based facilities for over three decades it was the passage of the 1963 Community Mental Health Centers Act that gave impetus to these programs. "It is only the recognition of public entitlement embraced in the new law that has added a public dimension to the concerns of mental health." [2]

In order for any program, however, to have maximum impact on children of the poor and their families, most workers in the children's field believe we must reach them when they are very young. Additionally, there is a conviction that the children ought to be cared for and treated close to the social institution created to serve their special needs.

The Jewish Board of Guardians, therefore, through a grant from the Department of Mental Health in collaboration with the Agency for Child Development, has developed a program to respond to the complex mental health concerns of children in day care, their families and the communities in which they live. This program, operative for four years in three day care centers serving low income minority families in Brooklyn, includes on site consultation, staff development sessions and paraprofessional training.

Its goals include promoting a mental health approach; enhancing the capacity of day care centers to provide effective means of serving all children and their families - those evidencing indications of developmental and emotional disturbances as well as the "normal" child; and training new professionals in the human services field. The implementation of these goals, however, have raised questions for us as a private agency involved with public day care centers in the struggle to respond to the critical issues of social change.

In this paper the following critical issues will be highlighted:

1) The drive by consumers for participation in the decision making process.

2) Parental pressures for early acquisition of cognitive skills.

3) Credentialling in the field of human services and the provision of alternative educational routes for new professionals.

4) The relevancy of child development and sociological theories.

Consumer Participation in the Decision Making Process

Anti-poverty programs emphasizing power to the powerless, enabling the poor to have a voice in who provides service, and the nature of the service has led to a consumer orientation in the human services field. Sparked by school desegregation, it quickly spread to the health and mental health fields and has recently become a burning issue in day care. The drive for day care consumers for participation in the decision-making process was legitimized by the Agency for Child Development in June, 1972, when parental involvement was mandated. By this time, our agency had been involved in both planning and implementation of our present project for about five years. These centers had little parental involvement - for many reasons. The parents were

almost universally poor, black, and for many years one-parented, so that their energies and concerns were directed towards economic survival and social mobility. Many were relieved and grateful that the centers were not merely custodial but were truly operating on a child development philosophy which was consonant with the parents' goal of acquiring social, emotional and cognitive skills in preparation for the task of learning. The day care staff cognizant of parents' wishes had been preoccupied with acquiring and developing educational credentials and expertise. Thus parents and staff were performing their roles as they had defined them. For the most part then, these centers until the 1972 mandate, had felt relatively protected from the growing push for "community involvement", and the absence of parental involvement prevailed. They tended to view the new "community controlled" interim day care centers with a measure of fear, anxiety and "it can't happen here" philosophy.

Our early contacts with the day care centers through the structure of "on site" mental health consultation and

staff development sessions reflected our attempts to gain entry into various day care systems. Our consultation was primarily administrative (director) focused and relationships with both directors and staff centered on dealing with the fears of program and professional exposure. In this process, directors felt less lonely and staff more supported. As Roberts[3] points out, the directors' increasing comfort with the agency not taking over helped them share with us their frustration over the lack of parental participation particularly at evening parent meetings. Staff in many instances literally child-focused, had difficulty initially discussing any feelings regarding parents for fear of being critical. With increasing trust in us, staffs revealed what they thought were wide differences in child rearing aspirations and practices between themselves and parents. Rather than cite studies that attempted to refute myths regarding the poor and minority groups, we examined with the help of the family counselor, the occupational and family compositions of our own day care populations emphasizing the various strengths and coping mechanisms that our parents were utilizing.

In clarifying issues, we were in effect engaged in a process of problem solving with the result that various staffs

PS 006928

became aware of the alternatives available regarding parental involvement. One staff chose to become actively involved in interpreting the total curriculum to parents as a way of helping themselves and parents became more knowledgeable about the "whole" child in day care. Another group of teachers having difficulty working with one another needed time to learn how to communicate with each other as well as the parents on a one-to-one basis and left the policy-making role to the director. A third staff found itself working with parents primarily around day care crisis - when a fee increase was threatened and when parents interpreted new federal forms as an invasion of privacy.

In the latter instance, refusing to sign these forms would jeopardize the center's funding. The parents represented by two vocal, articulate members requested staff join them in their act of resistance by working unsalaried, should funds terminate. One parent recommended parents join with teachers in covering the center, providing food and additional educational services in anticipation of difficult times. Staff reaction was varied and emotionally charged. Many of them who had been day care parents could not sympathize with the principle of non-compliance. They

felt parents should have nothing to hide and should be financially accountable. Others interpreted parents suggestion to join them in the classroom as a devaluation of the teacher's educational expertise. All felt angry at being asked to respond immediately regarding a decision when past requests on their part for parental-child involvement had not been met with equal alacrity or concern.

A discussion of these issues and feelings with the Director and staff during a staff development session (a parent attended for a short while to represent his "side") highlighted again their fear of parent take-over and becomin a community controlled center. Their traditional philosophy particularly in working with parents was being challenged and therefore their ability to separate the issues -- the content -- from their feelings -- and the process, was practically nil. Our role at this time was to help staff express their feelings, recognize the issues, keeping option open and unpolarized. From this process they were able to share with parents some of their own doubts regarding procedure and suggest alternative ways to meet this crisis together.

Although this particular crisis was handled by staff in a way that was syntonic with their "traditional" philosophy, they will still need to return to the implications of parental request for greater involvement. Participating in a political decision-making process directly with staff and indirectly with parents could conceivably prepare both of them for a policy making role. But can we afford the luxury of dealing in process with staff resistance to the consumer orientation drive by parents? On what levels can we operate when our clinical awareness indicates one thing and our political acumen another?

In our struggle with these issues, we are ever mindful of what Kenneth Clark pointed out in the New York Times Magazine Section, March 18, 1973.[4] Our major concern is improving service for children and families and this should not be "blurred" with consumer orientation and power concerns.

Parental Pressures for Early Acquisition of Cognitive Skills

The pressure for early acquisition of cognitive skills has received support from many diverse sources for an equal number of complicated reasons. Proponents of Piaget's theory of intellectual development, curriculum designers of compensatory education programs, staff of early

childhood centers and parents have essentially agreed on the need for greater concern regarding the cognitive processes of the young child.

The popularization of the sixties of Piaget's theory of intellectual development provided the missing link in the mental health triumverate of the "whole child" - the social, emotional and intellectual components. It gave credence to John Dewey's philosophy of learning by doing, and to the child-centered, individualized approach of the open classroom, so effectively introduced in the British Infant Schools. It also provided an educational rationale for the cooking and measuring activities heretofore dismissed as "only play", and enhanced the educational status of early childhood institutions. Elements of the theory established a theoretical base for anti-poverty programs developed in the sixties as a response to the rediscovery of the poor and the "War on Poverty". The notion, however, that hastening intellectual ("cognitive" skills as it came to be known) processes in the pre-school child would insure against future academic failure is not only a mis-interpretation of Piaget's theories but a violation of child development principles. Piaget's[5] documentation of the way experiences shape the cognitive process from earliest infancy

also stressed the foolhardiness of pressuring for early "readiness". A child's thinking proceeds from the concrete to the abstract in an epigenetic, although individualized manner and rate. Experiences provide meaning for and enrich the child's learning - they will not hasten the process.

Suggesting that universal concepts of child development are not applicable to the "culturally deprived - disadvantaged ghetto child", designers of compensatory education programs reflected that emphasis on cognitive skills would as a fringe benefit enhance the social and emotional aspects of a child's development. His self-image would expand as he mastered more quickly what a middle class child learned from his more verbal, exploratory environment. Some early childhood educators viewed this implication of deficiency as racist and questioned the validity of programs based on deficits. They were alarmed at the prospective fragmentation of the child's psyche and the trend toward mass programmed behaviorally conditioned techniques. The production of robots who would indeed be prepared for the "public school", who would memorize but not think, was a frightening reality.

Paradoxically, our mental health concerns with individualizing the "whole child" were not shared by the day care parents, particularly those who had experience with very

structured, tightly scheduled, programmed instruction in the public schools. Many of them from school districts infamous for the lowest reading scores in the city could indeed identify with proponents of accelerated pre-school education. Their developing participation in the process of community control highlighted two factors: the shifting of accountability for learning from the child to the teacher and secondly, the power to have input into the selection of educational programs.

Introducing programmed instruction where both the child and teacher's response left nothing to chance or creativity, and was divorced from attitudes would seemingly meet both the parents' needs and in many instances, the teachers. (In practice, the children seemed happy in the programs). The parents did not have to depend on a teacher's feelings about a child and the teacher had only to concentrate on "cognition" - leaving her emotions and perception of her children's feelings out of the educational process.

In addition, many parents associated low reading scores with a lack of discipline and order in the school. "Respect", "quiet", listening in a traditional group manner to persons in authority were part of the parents' own educational and child rearing background. Their own understandable desire to restore both inner and outer discipline

to what they saw as diffuse educational and societal chaos seeped down into the early childhood curriculum and into day care.

Staff conferences were held around these knotty educational and mental health issues. Theories regarding child growth and development with specific emphasis on cognitive growth, observation, recording and team relationships were examined. Sessions were fruitfully used to explore innovative educational programs and in one center an open classroom program developed as a result of our role in staff development. They were then able to move on to individualizing educational material for each child which additionally enabled them to share their enhanced knowledge and skills with the parents and children. In some instances both parents and teachers learned simultaneously about new programs which not only placed their relationships on a more egalitarian plane but enabled parents to participate in another decision making process which hopefully they would be able to duplicate in the public school.

Our own initial alarm at the potential harm a particular program could produce eventually became a rhetorical issue. Neither the staffs nor the parents became polarized around issues of cognitive versus affective growth and

development. Rather there seems to be a more conscious attempt to fuse both in a more healthy developmental approach to growth in early childhood.

Credentialling in the Human Services Field and the Provision of Alternative Educational Routes for New Professionals.

New professionals in increasing numbers are being trained for the human services field and a large number of them are being used in early childhood programs. The utilization of new professionals was in part a response to manpower shortages, but has been increasingly related to the need for government funded services to provide employment for the poor. Cognizant of this influx of non-trained staffs in the early childhood field, our agency took this opportunity to provide training in early childhood development and to explore possible alternative educational routes to teaching positions.

Programmatically we have designed and implemented two "curricula" for new professionals in day care; one educational and the other social service. For the new professional, training to become a day care teacher-aide, we have provided a ten month field curriculum integrating theory and practice.[6] Based on a social work educational model of

field and class experience, our alliance with an experimental college has afforded students the opportunity to obtain credit for our "course" as well as required courses. A unique aspect of this program was our collaboration with the students' future employers in our training sessions. As participant-observers, they provided feedback of our input and we could thus share and develop the process of evaluation, teaching, supervision and team relationship.

For the new professional training to become a family counselor, a brief in-service training program was developed at the request of the day care directors when hiring and supervision of counselors became their administrative responsibility. The curriculum was a collaborative effort between the family counselors, the directors and us and provided the impetus for a subsequent Jewish Board of Guardians workshop series on defining the family counselor-director role in day care. An outgrowth of these programs is our present involvement with the agency for Child Development where we are acting as both trainers and program consultants for family workers serving 53 centers. In this capacity, we are training 22 family counselors in a pilot 14 week program where again the employers are participant observers.

Of the two programs, the teacher-aide training was the most stormy and provided us with constant challenges to our preconceptions. The expected threat to the day care professional staff was assuaged when emphasis on increased academic credentials was renewed by the Agency for Child Development. The trainees themselves were extremely interested and motivated toward becoming part of academia with all of its initiations and sanctions. Although they availed themselves of the opportunity to utilize alternate routes to college entry and potentially the teaching profession, they still unanimously planned to pursue the earning of a degree in a traditional manner.

Requirements for the teacher-aide training program was a poverty level income; there were no formal educational requirements. We found many of the students to be high school graduates, articulate and sophisticated politically. Their initial stance was one of suspicion regarding the knowledge we might be able to offer regarding the day care population, and the motives of a white agency's involvement in their training and field evaluation. They specifically questioned the relevancy of our own theories of child development and how they might be applicable to black day care families.

These attitudes coupled with constant recurring political upheavals within the college where they were students often inhibited learning. As our relationship with them grew more trusting, they participated more actively in their learning and had a more positive training experience. The mutuality of this learning experience cannot be underestimated. Although the content and the process underwent some shifts, certain patterns emerged. The trainees needed to personalize material perhaps much longer than other students particularly in regard to child rearing attitudes and techniques. Paradoxically they were much closer philosophically to some day care staff and parents in the areas of discipline and sexual development. They also tended to see our psychoanalytic orientation as indicative of the larger permissive society that was so unsuccessful with its own children. Conversely, our need to explore many theories of child development, to include a psychosocial-historical approach, was met with some rejection. In effect, they were saying they didn't want anyone explaining their "black experience" to them.

In summary, the students made it very clear they did not want any watered down education. They wanted what everyone else has been given and in the same way. Then they would decide what was relevant or not.

Relevancy of Child Development and Sociological Theories

In our working together with day care staff, parents and children, all of us have been forced to examine our attitudes and feelings toward each other as blacks, whites, Jews, professionals, etc. Questions raised concerning the motivation and viability of the project focused on the relevancy of theories and socioeconomic gaps between the centers and ourselves.

The middle-class status of the professional social worker consultant was we feel over estimated largely because of the middle class self image and aspirations of the day care centers' administration and staff. This led to a much greater ease in entry and acceptability in this aspect of our project than we had anticipated. In this regard the "insider-outsider" theory postulated by Merton that only the insider can understand the needs, aspirations and concerns of people like themselves had little relevancy. This issue has been examined from a different vantage point by Sager in his article,"Black Patient White Therapist."[7] Questions are raised regarding whether or not whites can treat and understand the needs of black patients considering that all help is based upon mutually trusting relationships. Often mistrust, suspiciousness and hostility are adaptive coping mechanisms, learned through 300 years of persecution.

That a mutually trusting relationship did develop was due in no small part to what the day care centers taught us. We found that the issues of relevancy were posed by either students or ourselves. By individualizing institutional, families and children's needs with a questioning, open, "togetherness" approach, we found our services increasingly accepted, and requested by additional day care facilities.

In the process of learning about the day care centers and the families they serve, we questioned what might be called "day care myths" - "disadvantaged", "high risk", "one-parented" families. As in Hylan Lewis'[8] studies of low income families, we discovered that the working poor had strong middle class values (for example, their pressure for early cognitive skills) and that they were only "disadvantaged" in the number of available opportunities to attain these goals. In considering the prejorative implications of 'one-parented" when referring to black families, we approached it from the viewpoint of strengths and coping mechanisms rather than illness and high risk. Appreciating the enormous strengths it takes to request and provide qualitative substitute care - to be a day care parent and a day care center has not been emphasized enough either in the literature or in research.

With this philosophy of promotion of mental health as a priority, we could then work more meaningfully towards strengthening the family - day care's top priority. For example, emphasis on helping the child with or without problems as much as possible in the center was a way of strengthening the family without assuming a parental role. We additionally learned that in one of our day care centers, one-parented families, predominantly female, were very aware and motivated toward providing adequate male identification for their children.

Although research heretofore has not demonstrated a positive relationship between one-parented families and emotional problems, neither has the valued concept of the nuclear family been replaced. Interestingly enough, in one day care center where for the first time intact families prevail, there has been an upsurge in children's emotional problems probably requiring therapeutic intervention. "Day care myths" have challenged our preconceptions regarding this population and will require our continued investigation and intensive exploration in the future.

Our experience and those of other authors lead us to assert that a professional white mental health agency with a knowledge of child growth and development growing out of

years of practice and research has a significant contribution to make to institutions that serve minority children and their families. The contribution to be made, however, is very much dependent on the openness, flexibility and freedom from stereotyping on the part of the consulting agency. And in this engagement process the mental health agency is itself enriched and has its knowledge base broadened and made more profound.

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